

CENTERS FOR DISEASE CONTROL
KAWASAKI SYNDROME

Case Reporting

CDC Case Number _____ (1-4)

Please fill in the blank or circle the answer for each question.

PATIENT'S NAME _____ RESIDENCE: CITY _____
FIRST MIDDLE LAST STATE _____ (5-6)
COUNTY _____ (7-9)

AGE AT ONSET _____ YRS _____ MOS [_____]
(10-11) (12-13) (14-16) DOB: MM/DD/YY _____ / _____ / _____
(17-18) (19-20) (21-22)

RACE / ETHNICITY: (23) 1. WHITE 5. AMERICAN INDIAN / ALASKAN NATIVE
2. BLACK 6. OTHER
3. ASIAN / PACIFIC ISLANDER 9. UNKNOWN

IS THE PATIENT HISPANIC? (24) 0 No 1 Yes 9 Unknown

SEX (25) 1. Male 2. Female

DATE OF ONSET: _____ / _____ / _____ HOSPITALIZED: (32) 0 No 1 Yes 9
UNKNOWN
MM DD YY IF YES, number of days hospitalized: _____
(26-27) (28-29) (30-31) (33-34)

OUTCOME: (35) 1. Alive, no known sequelae
2. Dead
3. Alive with sequelae (specify) _____
9. Unknown

DOES THE PATIENT HAVE RECURRENT KAWASAKI SYNDROME? (36) 0 NO 1 YES 9 UNKNOWN

IF YES, list onset date of prior Kawasaki Syndrome episode: _____ / _____ / _____
MM DD YY

DIAGNOSTIC CRITERIA. The criteria for a case are: 1) fever \geq 5 days unresponsive to antibiotics, and at least four of the five following physical findings with no other more reasonable explanation for the observed clinical findings: 2) bilateral conjunctival injection, 3) oral changes, 4) peripheral extremity changes, 5) rash, 6) and cervical lymphadenopathy (at least one lymph node \geq 1/5 cm in diameter). If the fever disappears due to intravenous gamma globulin (Ivlgg) therapy before the fifth day of illness, a fever of <5 days duration fulfills fever criterion for case definition.

		No	Yes	Unknown
1. Fever \geq 5 days	(37)	0	1	9
NUMBER OF DAYS FEBRILE _____	(38-39)			
2. Bilateral conjunctival injection	(40)	0	1	9
3. Oral mucosal changes (erythema of lips or oropharynx, strawberry tongue, or drying or fissuring of the lips)	(41)	0	1	9
4. Peripheral extremity changes (edema, erythema, or generalized or periungual desquamation)	(42)	0	1	9
5. Rash	(43)	0	1	9
6. Cervical lymphadenopathy \geq 1.5 cm diameter	(44)	0	1	9

CARDIAC STUDIES AND RESULTS. Circle the results for each study type (A-C), and list the number of weeks after illness onset that the study was done. If multiple studies were done, report the results of the most abnormal.

	<u>Not done</u>	<u>Normal Results</u>	<u>Aneurysms</u>	<u>Other abnormalities</u>	<u>Unknown Results</u>	<u># Wks after illness onset</u>
A. EKG (45)	0	1	2	3	9	_____ (46-47)
B. ECHO (48)	0	1	2	3	9	_____ (49-50)
C. ANGIOGRAM (51)	0	1	2	3	9	_____ (52-53)

COMPLICATIONS. Circle or list any complications associated with this illness.

CARDIAC

- (54) Aneurysms (coronary artery)
- (55) Aneurysms (other)
specify _____
- (56) Aortic regurgitation
- (57) Arrhythmias
- (58) Congestive heart failure
- (59) Coronary artery dilation
- (60) Mitral regurgitation
- (61) Myocardial infarction
- (62) Myocardial ischemia
- (63) Myocarditis
- (64) Pericarditis or pericardial effusion

NONCARDIAC

- (65) Arthralgia
- (66) Arthritis
- (67) Aseptic meningitis
- (68) Gall bladder hydrops
- (69) Hearing loss
- (70) Hepatitis or hepatomegaly
- (71) Iritis or uveitis
- (72) Meatitis or sterile pyuria
- (73) Myalgia or myositis
- (74) Other. Specify _____

TREATMENT: (75) WAS INTRAVENOUS GAMMA GLOBULIN GIVEN: 0 No 1 yes 9 Unknown

IF YES, was it started before the fifth day of illness while the patient was still febrile: (76) 0 No 1 Yes 9 Unknown

REPORTED BY: NAME _____
 ADDRESS _____
 PHONE NUMBER (_____) _____
 DATE: ____/____/____

DO YOU NEED MORE KAWASAKI SYNDROME CASE REPORT FORMS: YES _____ NO _____

PLEASE COMPLETE THE FORM AND MAIL IT TO:

Local Health Department: BUREAU OF PUBLIC HEALTH
 COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION
 1 WEST WILSON AVE. ROOM 318
 MADISON, WI 53701-2659

Wisconsin Division of Health: KAWASAKI SYNDROME SURVEILLANCE
 DIVISION OF VIRAL AND RICKETTSIAL DISEASES
 MAILSTOP A32
 CENTERS FOR DISEASE CONTROL
 ATLANTA, GA 30333

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